

Application No. _____



Name of Requestor: _____ **Date Received:** _____

Mailing Address: _____

Telephone: Home _____ **Work** _____

Date: _____ **Alternate Date:** _____ **Time Period:** _____
(Between 8:00 A.M. & Dusk)

Yes, () *All residents of the block(s) have been contacted and a majority agree with the block party.*

Block(s) to be closed (indicate cross streets)

Describe planned activities, including any amplified entertainment:

Describe any items to be placed in the street: (i.e. tables, grills, cars, etc.)

Signature

Date

(FOR OFFICE USE ONLY)

Police: () Approval () Disapproval _____

Public Service: () Approval () Disapproval _____

Traffic Engineer: () Approval () Disapproval _____
